Access Plan Eligibility

PATIENT NAME: ____ **DATE OF BIRTH:** ______________________

Please circle your family size and gross annual income in the chart below.

Family Size	Level 1 Nominal Fee $30	Level 2 $50/ 70%	Level 3 $60/ 50%	Level 4 $70/ 30%	Not Eligible for Discount Program	
1	Less than $14,580	$14,581 - $20,120	$20,121 - $24,786	$24,787 - $29,160	$29,161 or More	[ ] **I decline to provide Information**
2	Less than $19,720	$19,721 - $27,214	$27,215 - $33,524	$33,525 - $39,440	$39,441 or More	
3	Less than $24,860	$24,861 - $34,307	$34,308 - $42,262	$42,263 - $49,720	$49,721 or More	
4	Less than $30,000	$30,001 - $41,400	$41,401 - $51,000	$51,001 - $60,000	$60,001 or More	
5	Less than $35,140	$35,141 - $48,493	$48,494 - $59,738	$59,739 - $70,280	$70,281 or More	
6	Less than $40,280	$40,281 - $55,586	$55,587 - $68,476	$68,477 - $80,560	$80,561 or More	
7	Less than $45,420	$45,421 - $62,680	$62,681 - $77,214	$77,215 - $90,840	$90,841 or More	
8	Less than $50,560	$50,561 - $69,773	$69,774 - $85,952	$85,953 - $101,120	$101,121 or More	
9	Less than $55,700	$55,701 - $76,866	$76,867 - $94,690	$94,691 - $111,400	$111,401 or More	
10	Less than $60,840	$60,841 - $83,959	$83,960 - $103,428	$103,429 - $121,680	$121,681 or More	
11	Less than $65,980	$65,981 - $91,052	$91,053 - $112,166	$112,167 - $131,960	$131,961 or More	
12	Less than $71,120	$71,121 - $98,146	$98,147 - $120,904	$120,905 - $142,240	$142,241 or More	

If eligibility is indicated above, a full application and income verification is required to determine approval. Family Healthcare staff would be pleased to assist with the application process.

Please call 701-271-3344 or speak to a representative for further assistance.

By signing, I understand that Family Healthcare has a sliding fee discount program, and I can apply at any time.

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Patient/Legal Guardian Signature **Date**

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Legal Guardian Name Printed **Relationship to Patient**

3/2/2023 Revised